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THESIS

PREVENTING STRESS DISORDERS FOR LAW ENFORCEMENT OFFICERS EXPOSED TO DISTURBING MEDIA

by

Matthew G. Murphy

September 2016

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The law enforcement officer's job is both physically and mentally challenging. In an instant, officers can be thrown into extremely stressful situations. Officers and intelligence analysts continually view disturbing images during their time in the unit—some must watch child pornography, and others prison torture, as part of their daily duties. This thesis explores how law enforcement departments can prevent secondary traumatic stress disorder (STSD) among officers. Although limited in part by the police culture, the research examined several currently utilized programs that teach coping mechanisms, including SHIFT, peer support officer programs, and critical incident stress management. The research also examined approaches being utilized by the military to treat returning soldiers suffering from post-traumatic stress disorder (PTSD), including group therapy, cognitive behavioral therapy, and service dogs. Further research should be conducted to discover law enforcement programs that proactively treat the mental health and wellness of *all* their officers—not only those exposed to disturbing media.

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requirements for the degree of

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ABSTRACT

The law enforcement officer's job is both physically and mentally challenging. In an instant, officers can be thrown into extremely stressful situations. Officers and intelligence analysts continually view disturbing images during their time in the unit—some must watch child pornography, and others prison torture, as part of their daily duties. This thesis explores how law enforcement departments can prevent secondary traumatic stress disorder (STSD) among officers. Although limited in part by the police culture, the research examined several currently utilized programs that teach coping mechanisms, including SHIFT, peer support officer programs, and critical incident stress management. The research also examined approaches being utilized by the military to treat returning soldiers suffering from post-traumatic stress disorder (PTSD), including group therapy, cognitive behavioral therapy, and service dogs. Further research should be conducted to discover law enforcement programs that proactively treat the mental health and wellness of *all* their officers—not only those exposed to disturbing media.

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LIST OF ACRONYMS AND ABBREVIATIONS

APA   American Psychiatric Association

ASD   acute stress disorder

CBT   cognitive behavioral therapy

CISD   Critical Incident Stress Debriefing

CISM   critical stress incident management

DSM   *Diagnostic and Statistical Manual of Mental Disorders*

ICAC   Internet Crimes Against Children

MHP   mental health professional

POPPA   Police Organization Providing Peer Assistance

PSO   peer support officer

PTSD   post-traumatic stress disorder

SHIFT   Supporting Heroes In mental health Foundation Training

STSD   secondary traumatic stress disorder

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EXECUTIVE SUMMARY

Primary stress results from direct exposure to a substantial strained situation, such as being under fire or suffering a physical attack. *Secondary stress*, in contrast, develops when a person is indirectly exposed to trauma—such as listening to or viewing the experiences of others' trauma (e.g., watching video recordings of a child being sexually assaulted).

Secondary stress does not refer to the typical everyday aggravations that come with being employed (i.e., workplace stress). Rather, secondary stress signifies a decrease in functioning resulting from exposure to another human being's traumatic experiences. This exposure may lead to problematic symptoms similar to post-traumatic stress disorder (PTSD). Unlike those who suffer from PTSD, those who experience secondary stress do not need to experience the trauma themselves to suffer symptoms and effects. According to Dr. Meredith Krause, "compassion fatigue—sometimes referred to as secondary traumatic stress—involves a state of significant tension and preoccupation with victims' suffering that mirrors the symptoms commonly associated with PTSD."[1]

It is conceivable that law enforcement officers who are exposed to disturbing media could manifest symptoms of secondary traumatic stress disorder (STSD). While little research has explored STSD's impact on counterintelligence analysts who must repeatedly watch videos of terrorists' devastation and destruction around the globe, research does validate that law enforcement officers who are exposed to disturbing material such as child pornography as part of their daily work experience are subject to physiological and psychological stressors.[2]

As human beings, we learn to protect each other, including our children. The emotional impact for the law enforcement officer who must see the pain in a child's eyes

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[1] Meredith Krause, "Identifying and managing stress in child pornography and child exploitation investigators," *Journal of Police and Criminal Psychology* 24, no. 1 (2009): 25.

[2] Michael L. Bourke and Sarah W. Craun, "Secondary Traumatic Stress among Internet Crimes Against Children Task Force Personnel: Impact, Risk Factors, and Coping Strategies." *Sexual Abuse: Journal of Research and Treatment* 26, no. 6 (November 2013), 586, doi: 10.1177/1079063213509411.

as he or she is sexually assaulted can be devastating. There must be protection and care for officers whose job it is to look after not only our children, but all citizens.[3] Many departments today have employee assistance programs that help officers and their families after an incident, but they do not offer any type of proactive support for workers regularly subjected to heinous images in the course of their normal duties. Departments, supervisors, and administrators must realize the unique challenges these employees encounter on a daily basis and provide options to proactively support their mental health.

The goal of this thesis was to examine STSD among law enforcement and determine how departments can implement programs to better prevent STSD. Although limited in part by police culture, this research examined several currently utilized programs that teach coping mechanisms, including SHIFT, peer support, and critical incident stress management. This research also examined programs being utilized by the military to treat returning soldiers suffering from PTSD, including group therapy, cognitive behavioral therapy, and the use of service dogs.

STSD within law enforcement seems to be increasing despite coping mechanism programs. There is no precise way to determine which law enforcement officers will develop STSD, but there are certain units whose officers will be exposed to emotionally disturbing images and videos on a daily basis, making them more susceptible. Even though programs such as SHIFT and peer support groups have existed for years and have helped hundreds of law enforcement officers, there are still thousands of undiagnosed enforcement officers around the country. The law enforcement culture must proactively address STSD within its ranks and promote treatment options before it is too late.

Further research should be conducted to discover law enforcement programs that proactively treat the mental health and wellness of *all* their officers—not only those exposed to disturbing media. First, however, police culture must acknowledge that asking for help is not a sign of weakness. Administrators must realize that police culture must change, the magnitude of this problem should be discussed and addressed, and mental health and wellness must be a consistent part of the law enforcement training program.

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[3] "SHIFT Wellness," accessed August 8, 2016, http://shiftwellness.net.

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I. INTRODUCTION

The law enforcement officer's job is both physically and mentally challenging. Officers and intelligence analysts continually view disturbing images during their time in the unit or career—some must watch child pornography, and others prison torture, as part of their daily duties. Researchers studying secondary traumatic stress disorder (STSD) suggest that the indirect encounter of trauma can lead to STSD, just as the direct occurrence of trauma can lead to post-traumatic stress disorder (PTSD).[1]

The symptoms of STSD are similar to the symptoms of PTSD, and the effects can be just as debilitating:

- Burnout—Feeling overwhelmed, interpersonal problems at work or home, sudden health problems, substance abuse, feeling unmotivated

- Compassion fatigue—the gradual lessening of compassion for co-workers, family members, even victims

- Vicarious Trauma—negative changes that happen over time as a result of witnessing other people's suffering and need. Over a prolonged period of time the exposed individual may feel as if he/she is unable to utilize the same coping mechanisms that they once relied on to assist them with the effects of trauma.[2]

Acute stress disorder (ASD) is another psychiatric diagnosis. ASD and PTSD have similar diagnosis criteria, but ASD is typically diagnosed within the first month of exposure to a traumatic event.[3] ASD differs from PTSD in two ways. First, if symptoms persist for more than one month, the patient is then evaluated for PTSD. The second difference is the emphasis on dissociative symptoms, such as reduced awareness, depersonalization, and even amnesia. Over time, the officer who is exposed to disturbing

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[1] Lisa M. Perez et al., "Secondary Traumatic Stress and Burnout among Law Enforcement Investigators Exposed to Disturbing Media Images," *Journal of Police and Criminal Psychology* 25, no. 2 (2010): 114.

[2] "SHIFT Unit Commander Guide: Best Practices Recommendations for the Supervisors of Individuals Working with Child Pornography Images," SHIFT Wellness, accessed July 11, 2016, http://shiftwellness.net/wp-content/uploads/2016/04/Unit-Commander-Guide-FINAL.pdf.

[3] "PTSD: National Center for PTSD," Department of Veteran Affairs, last updated February 11, 2016, http://www.ptsd.va.gov/about/mission/mission-and-overview.asp.

images may feel he or she no longer benefits from previously effective coping skills. In the past, officers have resorted to unhealthy coping mechanisms such as alcohol—often excessive alcohol use—to deal with troubles or stress. The psychological symptoms of torture "can often be worse than the physical effects."[4] Many of the stressors experienced by officers and intelligence analysts could be handled more effectively if adverse effects were identified in time and if appropriate support were provided.[5]

Many police departments today have employee programs that help officers and their families after an incident, but they do not offer proactive support for workers regularly subjected to heinous images in the course of their normal duties. Departments, supervisors, and administrators must realize the unique challenges these employees encounter on a daily basis and must provide options to proactively support their mental health. To support this mission, this thesis asks the following research question:

> How can police departments better address the mental health and wellness of law enforcement officers who view disturbing media in the workplace?

A.   LITERATURE REVIEW

Not long ago, the trauma treatment society believed it was best to bring a trauma victim's emotions out in the open immediately following the event in order to prevent the later onset of PTSD. However, research has recently proven that treating victims of trauma early may interfere with the mind's natural healing process. In fact, some even suggest that interventions that concentrate primarily "on the emotional reliving of the event in the days immediately following the tragedy may actually put people who might otherwise recover normally at increased risk for PTSD."[6]

A common impression of first responders is that they are stronger than the average person, both emotionally and physically, and that they are unaffected by the disturbing scenes they witness. However, being continually exposed to mass-casualty

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[4] Elizabeth Landau, "Torture's Psychological Impact 'Often Worse' Than Physical," CNN, May 22, 2009, http://www.cnn.com/2009/HEALTH/05/22/torture.health.effects/index.html?iref=24hours.

[5] "SHIFT Unit Commander Guide," SHIFT Wellness.

[6] Lisa M. Brown et al., *Psychology of Terrorism* (New York: Oxford University Press, 2007), 45.

scenes and reoccurring stressful situations, and being on constant alert while on duty, can contribute to potential psychological harm. These unfavorable effects can come in various forms. Luckily, there are several recognized resilience strategies that can safeguard against such negative effects.[7]

According to the National Center for PTSD, formal attempts to address the psychological symptoms of military personnel exposed to combat in the United States began during the Civil War.[8] After World War I, symptoms of present-day PTSD were referred to as "shell shock," calling on the veterans' close proximity to artillery shell explosions and large weapons. This line of thought changed when veterans who had no wartime contact with explosions or large weaponry began to manifest similar symptoms. In 1952, the American Psychiatric Association (APA) produced the first *Diagnostic and Statistical Manual of Mental Disorders* (DSM-I), which proposed a category for people who were "relatively normal, but had symptoms from traumatic events such as disaster or combat."[9] In 1980, APA added PTSD to DSM-III; its inclusion stemmed from research involving numerous suffering groups, such as Vietnam War veterans, Holocaust survivors, and sexual trauma victims.[10] The agony of war and post-military civilian life were now diagnostically linked.[11]

PTSD is not isolated to the military. "Recent data shows about four of every 100 American men (or 4 percent) and 10 out every 100 American women (or 10 percent) will be diagnosed with PTSD in their lifetime."[12] According to the latest DSM edition (DSM-5), an individual with PTSD must have "a history of exposure to a traumatic event" along with symptoms from each of four symptom clusters: intrusion, avoidance, "negative

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[7] Michael L. Bourke and Sarah W. Craun, "Secondary Traumatic Stress among Internet Crimes Against Children Task Force Personnel: Impact, Risk Factors, and Coping Strategies," *Sexual Abuse: Journal of Research and Treatment* 26, no. 6 (November 2013), 586, doi: 10.1177/1079063213509411.

[8] "History of PTSD in Veterans: Civil War to DSM-5," National Center for PTSD, last updated August 13, 2015, http://www.ptsd.va.gov/public/PTSD-overview/basics/history-of-ptsd-vets.asp.

[9] Ibid.

[10] Ibid.

[11] Ibid.

[12] "How Common is PTSD?," National Center for PTSD, last updated August 13, 2015, http://www.ptsd.va.gov/public/PTSD-overview/basics/how-common-is-ptsd.asp.

alterations in mood and cognition, and alterations in arousal and reactivity."[13] Each symptom cluster contains further specific sub-symptoms in DSM-5:

- Intrusion is characterized by memories, nightmares, flashbacks, and stressful reactions to reminders.

- Avoidance refers to effortful evasion of distressing trauma-related stimuli after an event, including people, places, conversations, activities, objects or situations.

- Negative mood alterations include symptoms of memory loss related to the traumatic event, negative beliefs about oneself or the world, markedly diminished interest in pre-trauma activities, feelings of detachment or estrangement from others, and other painful emotions such as fear, horror, anger, guilt, or shame.

- And, finally, modifications in arousal and reactivity refer to "irritable or aggressive behavior, self-destructive or reckless behavior, hyper vigilance, exaggerated startle response," problems with concentration, and sleep disturbance.[14]

After being exposed to the threat of serious injury or death, *American Journal of Medicine authors* Vieweg et al. believe that three "dimensions of PTSD unfold: (1) re-experiencing the event with distressing recollections, dreams, flashbacks, and/or psychological and physical distress; (2) persistent avoidance of stimuli that might invite memories or experiences of the trauma; and (3) increased arousal."[15]

The DSM-5 no longer classifies PTSD as an anxiety disorder.[16] Rather, PTSD is associated with *primary stress*. Primary stress results from direct exposure to a substantial strained situation, such as being under fire or suffering a physical attack. *Secondary stress*, in contrast, develops when a person is indirectly exposed to trauma—such as listening to or viewing the experiences of people who have suffered trauma. Secondary stress does not refer to the typical everyday aggravations that come with being employed (i.e., workplace stress). Rather, secondary stress signifies a decrease in

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[13] American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5)* (Arlington, VA: American Psychiatric Association, 2013).

[14] Ibid.

[15] W. Victor R. Vieweg et al., "Posttraumatic Stress Disorder: Clinical Features, Pathophysiology, and Treatment," *The American Journal of Medicine* 119, no. 5 (2006): 383–390.

[16] "History of PTSD in Veterans," National Center for PTSD.

functioning resulting from exposure to another human being's traumatic experiences. This exposure may lead to problematic symptoms; unlike PTSD sufferers, however, STSD sufferers do not need to experience the trauma directly to develop symptoms.

1. Secondary Stress: The Cost of Caring

Although both are considered first responders, firefighters and law enforcement officers face different emotional challenges. A firefighter's role involves short-term care for victims whereas police officers are continually exposed to and interacting with victims.[17] Due to the very nature of the job, a police officer's role often extends beyond emergency response, resulting in frequent victim contact. Law enforcement officers, similar to soldiers fighting overseas, can experience very high levels of stress, which can lead to PTSD or STSD. STSD has also been referred to as compassion fatigue. Resulting from indirect exposure to trauma, STSD and compassion fatigue symptoms mimic those of PTSD. Bourke and Craun describe vicarious trauma as "a change in worldview and a transformation in self-image that results from working with traumatized individuals."[18]

Meredith Krause, a doctor of psychology, believes that investigators working on cases involving child exploitation may suffer from vicarious traumatization. This type of trauma can significantly affect their "parenting practices/style as a result of shifts in their beliefs about the trustworthiness of others (e.g., coaches, babysitters) or the level of perceived threat in the world."[19] Compassion fatigue, or secondary traumatic stress, Krause continues, "involves a state of significant tension and preoccupation with victims' suffering."[20] Krause points out that disaster workers, sexual assault/crisis counselors, mental health workers, and emergency services personnel report similar reactions to stress, frequently referred to as the "cost of caring." These workers routinely tend to the needs of extremely traumatized victims, all the while learning the profound particulars of

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[17] Brown et al., *Psychology of Terrorism*, 39.

[18] Bourke and Craun, "Secondary Traumatic Stress," 587.

[19] Meredith Krause, "Identifying and Managing Stress in Child Pornography and Child Exploitation Investigators," *Journal of Police and Criminal Psychology* 24, no. 1 (2009): 25.

[20] Ibid.

the victims' suffering.[21] "Following only the line-of-duty death of another officer and the survival of a physical attack … the repeated exposure to obscene, toxic, and exceptionally disturbing pictures and videos of child victims is routinely ranked among the top four stressors in the law enforcement profession."[22]

Unlike more acute experiences (e.g., being the victim of a violent act), secondary stress often develops from a gradual layering of stressors that impact each individual differently.[23] This accumulation is slow and deceptive; investigators may not even notice they are suffering symptoms. Like getting a sunburn, we can see the sun and feel its warmth, but we cannot see its powerful rays and we often do not realize the severity of our burns while they are occurring. It may be our loved ones who first notice the damage.

2. Coping with Viewing Disturbing Material

Law enforcement consistently ranks as one of the most stressful careers in the country.[24] Law enforcement officers feel as though they must be impervious to stressors, which tends only to exacerbate their stress levels and prevent them from seeking assistance.[25] Seeing abused children was the factor most frequently identified to increase officers' stress, with female officers particularly affected.[26] In order to survive the mental anguish of child exploitation cases, Dr. Nicole Cruz found that investigators use several different coping mechanisms. "Compartmentalization skills may manifest themselves as strong or flexible mental abilities, an innate ability to repress, or willful or unconscious

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[21] Ibid.

[22] Meredith Krause, "In Harm's Way: Duty of Care for Child Exploitation and Pornography Investigators," *FBI Law Enforcement Bulletin* 78, no. 1 (2009): 21.

[23] Bourke and Craun, "Secondary Traumatic Stress."

[24] Chad Brooks, "The 10 Most (and Least) Stressful Jobs of 2016," Business News Daily, January 7, 2016, http://www.businessnewsdaily.com/1875-stressful-careers.html.

[25] Richard L. Levenson, "Prevention of Traumatic Stress in Law Enforcement Personnel: A Cursory Look at the Roles of Peer Support and Critical Incident Stress Management," *Forensic Examiner* 16, no. 3 (2007): 17–18.

[26] Michael L. Bourke and Sarah W. Craun, "Coping with Secondary Traumatic Stress: Differences between UK and U.S. Child Exploitation Personnel," *Traumatology: An International Journal* 20, no. 1 (2014): 58.

engagement in behaviors that make investigators shift gears."[27] Cruz continues that officers naturally compare themselves to colleagues and try to cope as they believe others should; but this practice may "muddy their own process of discovering their coping style and cast doubt on their abilities."[28]

As a result, law enforcement officers "have higher rates of substance abuse, divorce, suicide, cynicism, burnout, job dissatisfaction, and lower morale relative" when compared to other professions.[29] The unpredictable, dangerous nature of the work can cause law enforcement officers to become hyper-vigilant, disrupting life off the job. In addition to these understood occupational adversities, the "social organization and emotional aspects of the job" also have a negative influence.[30] In spite of this information and recent events, research on the emotional toll facing law enforcement officers does not receive much attention.[31]

According to Medical Doctors Edward M. Kantor and David R. Beckert, early mental health intervention for disaster survivors has increased since 9/11.[32] Before 9/11, states were required to acknowledge workers' mental health issues before receiving federal funding. Since then, however, practices have changed. The larger response agencies and training groups advocate for "Psychological First Aid (PFA) for use in early response to the emotional needs of those affected by disaster and major traumatic events," though the most prevalent model for reducing trauma's psychological ramifications is Critical Incident Stress Debriefing (CISD).[33] Originally designed as a stress-management approach for first responders, Jeffrey Mitchell developed CISD in the

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[27] Nicole Cruz, "Coping with Line-of-Duty Exposure to Child Pornography/Exploitation Materials," *FBI Law Enforcement Bulletin* 80, no. 4 (April 2011): 14.

[28] Ibid., 15.

[29] Lonnie M. Schaible and Viktor Gecas, "The Impact of Emotional Labor and Value Dissonance on Burnout among Police Officers," *Police Quarterly* 13, no. 3 (September 2010): 317.

[30] Ibid.

[31] Ibid.

[32] Edward M. Kantor and David R. Beckert, "Psychological First Aid," in *Disaster Psychiatry: Readiness, Evaluation, and Treatment*, eds. Frederick J. Stoddard, Anand Pandya, and Craig L. Katz (Arlington, VA: American Psychiatric Publishing, 2011).

[33] Ibid., 203–204.

early 1980s and it has since been used as a primary treatment plan.[34] *Psychology of Terrorism* authors Brown et al. explain that "the CISD treatment model focuses primarily on talking through the trauma and reliving the emotional experiences of the event in a protected environment."[35] CISD later evolved into a "broader individual and community intervention framework known as critical incident stress management (CISM)."[36]

Researchers have become more interested in establishing and implementing an alternative treatment for individuals traumatized by disasters. As evidenced by Brown et al., "single-session psychological debriefing treatments provide no benefit and may even hinder the recovery process."[37] There is a distinct difference, they explain, between those who show an immediate response, occurring within hours of the event, and those who need long-term therapy for lingering symptoms. Why do two individuals exposed to the same traumatic incident have different psychological experiences? Individual resilience shapes how officers see an event and also how they physically and psychologically heal after the incident. A resilient person, for example, focuses on a plan of action that involves healthy coping strategies rather than dwelling on the event itself.[38] Offering officers the opportunity to appropriately cope with the psychological issues associated with continually viewing disturbing material can prove beneficial to not only the officers and their families, but also to the department. Mental health providers should be armed with this combined knowledge when caring for trauma survivors.

B.   RESEARCH DESIGN

Following this introduction, Chapter II further examines the emotional issues facing today's law enforcement officers. Chapter III explores law enforcement's current efforts to manage officers with STSD, such as the SHIFT program. Chapter IV reviews the numerous mechanisms being implemented by the military and Department of Veterans Affairs (notably, the National Center for PTSD) to treat returning soldiers

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[34] Brown et al., *Psychology of Terrorism*, 44.

[35] Ibid.

[36] Ibid.

[37] Ibid., 47.

[38] Ibid., 221–222.

diagnosed with PTSD. Considering the discovered law enforcement and military concerns and best practices, Chapter V provides a policy recommendation—the creation of a model program—to mitigate the growing problem of officer STSD.

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II.   THE ISSUES FOR LAW ENFORCEMENT

Since the creation of the United States Customs Service in 1789, U.S. laws have revolved around preventing illicit wares from entering the country. Smuggling laws were later added as a key component in the Custom Service's daily mission. In the 1960s, the United States passed rigorous child pornography laws, making it difficult to obtain related videos, eight-millimeter tapes, magazines, and still photos inside the country. If not producing it personally, those who wished to obtain child pornography had to either import it or travel to foreign countries to purchase and then carry or mail it back into the United States.

In the early 1970s the Customs Service began actively interdicting, investigating, and dismantling child pornography distribution rings and smugglers. When the Department of Homeland Security was created in 2001 and the Customs Service split into Customs Border Patrol (CBP) and Homeland Security Investigations (HSI), the existing federal statutory authorities stayed with the agency. Due to the inherent borderless nature of the Internet and the transnational flow of contraband, child pornography is shared and traded across states, countries, and regions. Today, "HSI has broad legal authority to enforce a diverse array of federal statutes. It uses this authority to investigate all types of cross-border criminal activity, including Cybercrimes, Human rights violations, Human smuggling and trafficking."[39]

As the Department of Justice explains,

Images of child pornography are not protected under First Amendment rights and are illegal contraband under federal law. Section 2256 of Title 18, United States Code, defines child pornography as any visual depiction of sexually explicit conduct involving a minor (someone under 18 years of age). Visual depictions include photographs, videos, digital or computer generated images indistinguishable from an actual minor, and images created, adapted, or modified, but appear to depict an identifiable, actual minor. Undeveloped film, undeveloped videotape, and electronically

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[39] "Homeland Security Investigations," Department of Homeland Security, accessed October 8, 2015, http://www.ice.gov/hsi.

stored data that can be converted into a visual image of child pornography are also deemed illegal visual depictions under federal law.[40]

Dealing with this casework requires investigators to potentially view disturbing material as part of their daily duties. If not managed proactively, this routine could lead to individual stress and burnout and jeopardize organizational effectiveness to detect and deter transnational crime.

There is a direct connection between viewing images and videos of child pornography for pleasure and abusing children. Predators may bolster their fantasies of sexual activity with children by viewing pornographic images and videos of children, which can then stimulate them to act upon those sexual fantasies with live children. Even if a suspect who is investigated for child pornography possession shows no indications that he or she is a contact offender and is actively molesting children, past research has shown that accumulating child pornography files indicates a sexual preference for younger children, and is a warning sign of potential future child molestation.[41] According to Nationwide Children's Hospital Consultant John Carr, multiple pedophiles have confessed that being exposed to sexually explicit images of children feeds their own sexual fantasies—an integral precursor to acting out those fantasies on live children.[42] A government study revealed that 85percent of defendants who were convicted of possessing sexually explicit images and videos of children admitted to also being contact offenders, with crimes ranging from inappropriate touching to rape.[43]

Investigating Internet child exploitation involves a cooperative effort among law enforcement agencies around the country, many of which are associated with the Internet Crimes Against Children (ICAC) Task Force Program. ICAC task forces have helped

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[40] "Citizen's Guide to U.S. Federal Law on Child Pornography," Department of Justice, last updated July 6, 2015, http://www.justice.gov/criminal-ceos/citizens-guide-us-federal-law-child-pornography.

[41] Candice Kiml, "From Fantasy to Reality: The Link between Viewing Child Pornography and Molesting Children," *APRI Child Sexual Exploitation Program Update* 1, no. 3 (2004), http://www.ndaa.org/pdf/Update_gr_vol1_no3.pdf.

[42] John Carr, *Child Abuse, Child Pornography and the Internet* (London: NCH, 2004), executive summary.

[43] Benedict Carey and Julian Sher, "Debate on Child Pornography's Link to Molesting," *New York Times*, July 19, 2007, http://www.nytimes.com/2007/07/19/us/19sex.html?pagewanted=all&_r=0.

issue and execute search warrants around the country resulting in the arrest and conviction of numerous offenders, many of whom were also involved in the sexual exploitation of actual child victims.

Law enforcement officers are human; they form their general views about life from their daily experiences.[44] However, unlike most humans, law enforcement officers may continually encounter highly stressful situations that affect these life views. According to Behavioral Scientist Dr. Kevin M. Gilmartin, "officers don't have to try to explain or deal with events outside their comfort zone. Creating this distance is a much less painful way of facing the emotional challenges of police work in the short run."[45] Criminology Professor Richard Wortly and Psychologist Dr. Stephen Smallbone further explain, "To be the subject of child pornography can have devastating physical, social, and psychological effects on children," but similar social and psychological effects can haunt officers who are subjected to these abominable images every day, and can be detrimental to organizational and mission effectiveness.[46]

The psychological impact on undercover investigators working in chat rooms also merits mention. As Dr. Krause explains, "oftentimes the need to interact with suspects when they are available online also presents a logistical and scheduling challenge, requiring investigators to work odd hours to maintain continuity of contact or to remain at their posts in the search for a known, live victim."[47] Due to this type of assignment's demands, Krause continues, officers may face long-term effects that cause them to neglect family and social obligations and withdraw from peers. When officers sign on undercover, they must pretend to be someone else. Not only must they view disturbing images on a daily basis, but they must also communicate and role-play in their suspects' lurid fantasies. Over time, performing this work can lead to symptoms associated with

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[44] Gilmartin, *Emotional Survival for Law Enforcement: A Guide for Officers and Their Families* (Tucson, AZ: E-S Press, 2002), 23.

[45] 27.

[46] Richard Wortley and Stephen Smallbone, "Child Pornography on the Internet, Center for Problem-Oriented Policing," 2006, http://www.popcenter.org/problems/child_pornography/print/.

[47] Krause, "In Harm's Way," 25.

STSD, and can cause officers to develop trust issues and become overly protective of their own children.[48]

Because everyone reacts differently under stress, family members may also fall victim to the negative or occasionally incapacitating "effects of stress on the health and wellbeing" of the officers and civilians in their lives.[49] *Police Chief* authors Gupton et al. believe that this "sets up a cycle of stress and conflict resulting in officers and civilian employees, their loved ones, and the police organization all paying a toll of increased emotional or physical difficulties, impaired coping, marital or family discord, decreased personal and work satisfaction, and diminished work performance."[50]

The general public often believes that a person suffering from PTSD does not have adequate coping mechanisms and turns to drugs or alcohol to treat their symptoms. "As the symptoms of the stress disorder worsen over time, they are also often made worse by substance abuse; this cycle can lead to addiction, as well as increasingly severe mental and physical health problems."[51] According to an *American Journal on Addictions* article by Ballenger et al., there have been no large-scale studies researching the abuse of alcohol among law enforcement officers in the United States in the last 20 years.[52] The authors also discuss a 2009 study of urban police officers, in which approximately 11percent of males and 16 percent of females had partaken in "at-risk levels of alcohol use during the previous week"; they note that over one-third of both male and female law enforcement officers admit to binge drinking within the past month.[53]

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[48] Perez et al., "Secondary Traumatic Stress and Burnout," 113.

[49] Herbert M. Gupton et al., "Support and Sustain: Psychological Intervention for Law Enforcement Personnel," *The Police Chief* 78, no. 8 (August 2011): 95.

[50] Ibid.

[51] Butler Center for Research, "Alcohol Abuse among Law Enforcement Officers," Hazelden Betty Ford Foundation, November 1, 2015, http://www.hazeldenbettyford.org/articles/research/alcohol-abuse-and-law-enforcement.

[52] James F. Ballenger et al., "Patterns and Predictors of Alcohol Use in Male and Female Urban Police Officers," *American Journal on Addictions* 20, no. 1 (January–February 2011): 22, doi: 10.1111/j.1521-0391.2010.00092.x.

[53] Ibid., 27. Statistic is according to the National Institute of Alcohol Abuse and Alcoholism standards.

According to Officer.com contributor Pamela Kulbarsh,

> PTSD is far more rampant in law enforcement than anyone is really willing to discuss. PTSD statistics for law enforcement officers are hard to obtain, but range from 4–14%. The discrepancy in this range may be due to underreporting. Living through a traumatic event is difficult enough for an officer, admitting that you are having problems related to that event is even more difficult. There are an estimated 150,000 officers who have symptoms of PTSD. Actually, recent research indicates that 1/3 of active-duty and retired officers suffer from post-traumatic stress; but most don't even realize it. Law enforcement officers are also at a much higher rate of developing a cumulative form of PTSD related to their exposure to multiple traumatic events. For every police suicide, almost 1,000 officers continue to work while suffering the painful symptoms of PTSD.[54]

In 2015, there were approximately 102 law enforcement suicides; encouragingly, that is a decrease of 19 percent from a 2012 study that revealed 126 law enforcement suicides.[55]

A.   THE MENTAL TOLL

A long-term study by Beutler, Nussbaum, and Meredith demonstrated a decline in police officers' mental health over their careers.[56] The authors' results were based on the Minnesota Multiphasic Personality Inventory (MMPI), which tests psychological changes in police officers' mental health. Twenty-five police officers took the MMPI when they were initially hired, again two years later, and then again two years after that. The final results showed negative psychological changes over time to include increasing somatic symptoms, anxiety, and the propensity to abuse alcohol. The researchers also emphasized the need for periodic employee reevaluation to avoid such problems.[57] Their research supports the theory that serving on a police service, in general, is connected with unfavorable psychological changes. The preliminary changes—demonstrated through survey completion after two years of service—imply that law enforcement officers were reacting negatively to the requirements of the "police social system by expressing

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[54] Pamela Kulbarsh, "2015 Police Suicide Statistics," Officer.com, January 13, 2016, http://www.officer.com/article/12156622/2015-police-suicide-statistics.

[55] Ibid.

[56] Larry E. Beutler, Paul D. Nussbaum, and Keith E. Meredith, "Changing Personality Patterns of Police Officers," *Professional Psychology: Research and Practice* 19, no. 5 (1988): 503.

[57] Ibid.

addictive behavioral vulnerabilities."[58] For 11 of the officers evaluated, the next two years revealed a further decline in psychological stability. At the end of the fourth year, changes mirrored selective attrition, or tendency of some people to drop out of psychological experiments.[59]

B.   CHILD PORNOGRAPHY

Witnessing child abuse is one of the top stressors in police work.[60] In a 2004 study of 115 police officers conducted by Violanti and Gehrke,

> "Seeing abused children" was the most frequent incident identified (68%) as increasing traumatic stress, with female officers particularly affected. In the United Kingdom, researchers uncovered three factors that were especially related to stress in the law enforcement setting: (a) exposure to death and disaster, (b) the potential violence in police work to both officers and victims, and (c) working with sexual crimes.[61]

Practitioners, researchers, and supervising personnel must realize the emotional toll that sexually explicit images and videos of children can have on their personnel. Officers may sympathize and identify with the victims during interviews, but to actually view and hear another human being—especially a child—being raped and tortured in complete and vivid detail can have negative psychological effects on the officers.

Most local police departments find that Internet child pornography is a unique crime, unlike any other they handle. The Internet knows no boundaries. Child pornography production can occur on one continent and instantly be disseminated to several other continents around the globe with the click of a mouse. Because of this, child pornography ring investigations involve a collaborative effort between several law enforcement units and agencies.[62] In the 1990s, the federal government realized that state, county, and local law enforcement agencies required additional resources to help proactively and reactively investigate the victimization of children through the use of

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[58] Ibid., 506.

[59] Ibid.

[60] Bourke and Craun, "Secondary Traumatic Stress," 589.

[61] Ibid., 589.

[62] Wortley and Smallbone, "Child Pornography on the Internet."

technology. Federal grants through the Office of Juvenile Justice and Delinquency Prevention helped establish ICAC task forces throughout the country.

Currently, there are 61 ICAC task forces nationally, which all have affiliate and/or partnered agencies totaling over 3,000 members from state and local police departments, county sheriff departments, college police departments, state parole board, prosecutorial agencies, federal agencies including the Federal Bureau of Investigation, Department of Homeland Security investigations, United States Secret Service, and private non-profit organizations.[63] These agencies conduct proactive investigations, forensic investigations, and criminal prosecutions, which subject their members to disturbing material on a daily basis. A few agencies, like the Federal Bureau of Investigation and several ICAC task forces, are beginning to recognize the need for stress assistance with their investigators and forensic analysts, but most do not.

C.   COUNTERINTELLIGENCE ANALYSTS

Counterintelligence analysts work for federal, state, and local agencies as well as all branches of the military. These analysists are "on the lookout" for those who attempt to gain sensitive national security intelligence from the United States. They also help case officers discover and prevent terrorist activities, and fight to deter unconventional crimes. In order to interpret covert terrorist communications, counterintelligence analysts much sometimes view torture recordings, such as beheading videos. The analysts whose duty it is to repeatedly watch torture videos may suffer from vicarious trauma similar to the victim's.[64]

D.   THE CONCERN FOR LAW ENFORCEMENT

There is a common misconception that child pornography refers to innocent images of a baby's first bath or children playing on a beach. But the harsh truth is that child pornography pictures and videos depict actual, graphic images of "children being

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[63] "ICAC Task Force Program," Internet Crimes Against Children, accessed August 10, 2016, https://www.icactaskforce.org/Pages/About%20Us.aspx.

[64] Ellen Gerrity, Terence M. Keane, and Faris Tuma (eds), *The Mental Health Consequences of Torture* (Berlin: Springer Science & Business Media, 2001).

sexually raped, abused and exploited."[65] It is then conceivable that law enforcement officers who are exposed to this disturbing media could manifest STSD symptoms. While little research has investigated the emotional impact to counterintelligence analysts who must repeatedly watch violent terrorist media, research does validate that law enforcement officers who are exposed to disturbing material such as child pornography as part of their daily work experience are subject to physiological and psychological stressors.[66]

As human beings, we learn to protect each other, including our children. The emotional impact for the law enforcement officer who must see the pain in a child's eyes as he or she is sexually assaulted can be devastating. There must be protection and care for officers whose job it is to look after not only our children, but all citizens.[67] The majority of studies on STSD have focused on street officers; in recent years, however, there has been more attention on the unique traumas experienced by investigators, including those who focus on apprehending child pornographers.[68]

In a 2009 survey from the Crimes Against Children Research Center, 90 percent of the personnel working in ICAC task forces indicated they were "somewhat concerned" or "very concerned" about work exposure to child pornography—"Symptoms reported included insomnia, stress, depression, weight gain, problems with sexual intimacy and marital relationships, and problems at work, such as anger and decreased productivity."[69] The law enforcement officers, however, often do not want to stop working on their cases; they are committed to saving the children. Because of this, they take the work home with them, impacting their family and friends. The officers become too caught up in their work to recognize a problem until it is too late.[70]

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[65] "Who We Are," SHIFT Wellness, accessed October 8, 2015, http://shiftwellness.org/about-us/.

[66] Bourke and Craun, "Secondary Traumatic Stress," 586.

[67] "SHIFT Wellness," accessed August 8, 2016, http://shiftwellness.net.

[68] Perez et al., "Secondary Traumatic Stress and Burnout."

[69] Janis Wolak and Kimberly J. Mitchell, "Work Exposure to Child Pornography in ICAC Task Forces and Affiliates," University of New Hampshire Crimes Against Children Research Center, November 2009, http://www.unh.edu/ccrc/pdf/Law% 20Enforcement%20Work%20Exposure%20to%20CP.pdf.

[70] "SHIFT Wellness."

In another survey of 500 ICAC investigators, investigators were asked if they experienced secondary stress in the preceding seven days on at least an occasional basis. Responses indicated that

- 59 percent thought about work when they did not intend to.

- 55 percent were easily irritated.

- 48 percent had trouble sleeping on at least an occasional basis.

- 48 percent felt emotionally numb.

- 43 percent had trouble concentrating.

- 38 percent felt discouraged about the future.

- 34 percent reported little interest in being around others.

- 32 percent tended to expect bad things to happen in their everyday lives.

- 26 percent had avoided people, places, or things that reminded them of work.

- 23 percent indicated their heart started pounding when they thought about work.

- 17 percent had disturbing dreams about work.[71]

Understandably, persons with higher STSD report a sense of hyper vigilance with "higher distrust of the world and more overprotectiveness of their loved ones."[72] Police officers are both trained and encouraged to be vigilant and conversely warned about the perils of complacency. Vigilance is admired as a positive characteristic, associated with attention to detail, readiness, and safety. But too much vigilance can cause hyper vigilance, which is correlated with psychological tendencies toward distrust and doubt.

Police departments and law enforcement officers must focus on awareness of the issues that often arise as a result of viewing disturbing material. Preventative measures

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[71] Michael L. Bourke and Sarah W. Craun, *Understanding Secondary Stress from Child Exploitation Investigations: A Resource for Taskforce Members, Family, and Friends* (Landover, MD: United States Marshals Service, July 2013).

[72] Bourke and Craun, "Secondary Traumatic Stress," 602.

and coping mechanisms put in place proactively rather than reactively may reduce the effects of viewing these disturbing images.

III.   LAW ENFORCEMENT TACTICS: OFFICERS WITH STSD

A career as a law enforcement officer is more than just a job; it becomes a fundamental and characterizing aspect of one's life.[73] This chapter examines practices and coping mechanisms various law enforcement agencies currently use to combat PTSD and STSD.

A.   SHIFT

To proactively mitigate STSD and promote resiliency among personnel exposed to disturbing images, some law enforcement departments have implemented the Supporting Heroes In mental health Foundation Training (SHIFT) program.[74] The Innocent Justice Foundation, a 501(c) (3) non-profit organization, developed SHIFT with funding from the U.S. Department of Justice's Office of Juvenile Justice and Delinquency Prevention (OJJDP). The SHIFT program helps officers who are exposed to disturbing images work together with mental health professionals (MHPs) to diminish the adverse psychological effects of viewing such material. Teams of MHPs are partnered with Internet Crimes Against Children commanders to teach the SHIFT course.[75]

According to SHIFT guidelines, personnel who view disturbing images on a daily basis should have private office space, but should not be totally isolated from other employees.[76] SHIFT further suggests that those who investigate or conduct digital forensic examinations on cases that involve disturbing media should view the media for no more than four consecutive hours; they should take breaks during which they work on other cases or administrative matters, and should cease viewing disturbing media at least one hour before the end of their daily shift.

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[73] Gilmartin, *Emotional Survival*, 4.

[74] "SHIFT Unit Commander Guide," SHIFT Wellness.

[75] "SHIFT Wellness."

[76] "SHIFT Upper-Level Management (Administrator's) Guide," SHIFT Wellness, accessed July 11, 2016, http://shiftwellness.net/wp-content/uploads/2016/04/Administrators-Guide-FINAL-2.pdf.

SHIFT also suggests that these officers should work with a readily available MHP. A qualified and duly licensed MHP who appreciates the particular trauma related to viewing images of child exploitation and who has experience developing trust and working with law enforcement personnel can provide support and services to exposed officers, including care recommendations; training on self-care and stress management; education for supervisors, staff, and family members; team cohesion exercises; and one-on-one sessions for exposed personnel.[77] One-on-one mental health assessments, support, and other services to exposed personnel—including, when appropriate, referrals to outside MHPs—are core components of the SHIFT program. These services must be provided confidentially and without fear of reprisal, and may be open to participation by a supportive adult family member (upon request/permission by the exposed person) if deemed helpful.[78]

Despite confidentiality assurances and HIPPA regulations, most law enforcement officers view mental health professionals with a suspicious and wary eye. The law enforcement officers fear that the services may appear on their employment records and be used against them.[79]

B.   PEER SUPPORT OFFICERS

Many law enforcement officers feel more confident speaking with other law enforcement officers rather than MHPs when discussing job-related issues or traumatic events. Other officers, they believe, can better relate to the law enforcement field's unique stresses and events. Peer support officers (PSOs) offer the same confidentiality privileges and are subject to the same information disclosure agreements as MHPs.[80]

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[77] "Who We Are," SHIFT Wellness.

[78] "SHIFT Unit Commander Guide," SHIFT Wellness.

[79] Laura Usher et al., *Preparing for the Unimaginable: How Chiefs Can Safeguard Officer Mental Health before and after Mass Casualty Events* (Arlington, VA: National Alliance on Mental Illness [NAMI], 2016).

[80] Ibid.

Because PSOs work closely with MHPs, they may also be able to persuade other officers to consult with MHPs when more intensive support is needed.[81]

Some law enforcement departments have their own in-house peer support programs, such as Police Organization Providing Peer Assistance (POPPA) in the New York City Police Department (NYPD), which offers peer support throughout the law enforcement officers' careers and into retirement, not just following a traumatic event or personal crisis. POPPA was established in 1996 as a volunteer peer support network devoted to providing a confidential and supportive atmosphere for law enforcement officers and their families.[82] POPPA programs assist 3,000–5,000 officers each year, with programs including:

- **Military Returnees**: Officers are given support for transitioning back to civilian life.

- **Military Support Group**: Peer support officers with prior military experience who can relate to the returning to civilian life facilitate this group.

- **Resiliency Support Group**: Tools are given to officers allowing them to frequently check their stress levels.

- **Retiree Program**: Retired law enforcement officers are allowed to use POPPA for PTSD, personal relationship issues, or substance abuse.

- **Trauma Response Team**: A direct result of 9/11, the Trauma Response Team addresses both the immediate and short-term response to traumatic events experienced by law enforcement officers.[83]

POPPA has provided peer support for other law enforcement agencies affected by traumatic events such as Hurricane Katrina in New Orleans (2005), the Boston Marathon bombings (2013), and the riots in Baltimore, Maryland (2015).[84]

Police officers are often portrayed as heroic and indestructible, but the data shows that many NYPD officers remained significantly affected by the World Trade Center

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[81] Ibid.

[82] POPPA, accessed August 19, 2016, http://poppanewyork.org/.

[83] Ibid.

[84] "Accomplishments," POPPA, accessed August 19, 2016, http://poppanewyork.org/about/accomplishments/.

attacks several years after 9/11; according to an *American Journal of Psychiatry* article, "Studies have shown that significant trauma symptoms, even without meeting criteria for PTSD, may lead to social-and work-related functional impairment."[85] POPPA is attempting to change the mindset of the law enforcement officer—reaching out for support should be seen as a strength, not a weakness.[86]

C.   CRITICAL INCIDENT STRESS MANAGEMENT

Law enforcement is a challenging profession that can bring significant rewards. "Undoubtedly emergency workers are strongly impacted by the situations they encounter, and certainly those impacts yield meaning and strength more often than they engender pathology and disturbance."[87] Critical incident stress management (CISM) was created to diminish the "psychological distress brought on by involvement in some traumatic event or situation, and techniques associated with CISM also may serve to decrease the burden of PTSD."[88] Critical Incident Stress Debriefing (CISD) is a seven-phase process[89]:

1.   **Introduction**: The team leader presents the CISD process and establishes the guidelines for the debriefing.

2.   **Fact Phase**: The group describes its role during the incident as well as what the members saw and heard during the event.

3.   **Thought Phase**: The team leader asks the group members to discuss their first thoughts during the event.

4.   **Reaction Phase**: The group moves from the mainly cognitive level of intellectual processing into the emotional level of processing through their responses.

5.   **Symptom Phase**: The group transitions from the emotional processing level back toward the cognitive processing level.

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[85] F. G. Dowling et al., "A Peer-Based Assistance Program for Officers with the New York City Police Department: Report of the Effects of Sept. 11, 2001," *The American Journal of Psychiatry* 163, no. 1(January 2006), 151–153, doi: 10.1176/appi.ajp.163.1.151.

[86] "History," POPPA, accessed August 19, 2016, http://poppanewyork.org/about/history/.

[87] Brown et al., *Psychology of Terrorism*, 429.

[88] Levenson, "Prevention of Traumatic Stress," 18.

[89] Brown et al., *Psychology of Terrorism*, 423–425.

6.   **Teaching Phase**: The leader trades information with the group about the type of the stress response and the reactions one should expect from critical incidents.

7.   **Re-entry Phase**: The leader strengthens what was learned from this experience.

According to *Psychology of Terrorism* authors Brown et al., "Using CISM, a technique of emotional first aid, peer-support officers can achieve results equal to, or better than, many mental health professionals."[90]

When used, models such as SHIFT, PSOs, and CISM/CISD can successfully reduce the effects or longevity of effects of PTSD and STSD. All departments should have a program and policy in place that not only helps officers respond to traumatic events, but also helps officers who must view disturbing media.

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[90] Ibid., 51.

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IV.   MILITARY TACTICS: SOLDIERS RETURNING WITH PTSD

When soldiers return home from war, part of the war comes home with them. By 1988, more than 50 percent of Vietnam veterans diagnosed with PTSD had been arrested upon their return to the United States.[91] In 2008, the RAND Corporation, an American nonprofit research organization, conducted a six-month study of a group of veterans; they found that one in five had either severe depression or PTSD.[92] Undoubtedly, a number of these returning soldiers will end up in jail if their mental health conditions remain untreated. Recently, substance abuse and suicide among returning veterans has risen.[93]

Research has shown that the transition from active combat military life back to civilian life has many difficulties that can contribute to the abrupt manifestation or exacerbation of mental health issues.[94] In 2016, RAND released the largest independent look at how the United States military healthcare system is caring for service members with PTSD. They found that the care is adequate in some cases, and needs enhancements in others; for instance, the system indicates that patients are more susceptible to harm in the timeframe shortly after discharge.[95]

According to the National Institutes of Health, PTSD among combat veterans is an epidemic; as such, the need for intervention is great.[96] Many veterans who have served in an active combat role carry emotional scars that surpass the common symptoms of re-experiencing, avoidance/numbing, and hyper arousal that comprise a PTSD

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[91] Matthew Wolfe, "From PTSD to Prison: Why Veterans Become Criminals," *The Daily Beast*, July 28, 2013, http://www.thedailybeast.com/articles/2013/07/28/from-ptsd-to-prison-why-veterans-become-criminals.html.

[92] Ibid.

[93] Ibid.

[94] "Veterans & Active Duty," National Alliance on Mental Illness (NAMI), accessed July 13, 2016, http://www.nami.org/Find-Support/Veterans-and-Active-Duty.

[95] Kimberly A. Hepner et al., *Quality of Care for PTSD and Depression in the Military Health System: Phase I Report* (Santa Monica, CA: RAND, 2016).

[96] M. J. Keenan, V. A. Lumley, and R. B. Schneider, "A Group Therapy Approach to Treating Combat Posttraumatic Stress Disorder: Interpersonal Reconnection through Letter Writing," *Psychotherapy* 51, no. 4 (2014): 553.

diagnosis—"Specifically, many combatants experience uncertain grief, guilt, and shame caused by losses and traumatic experiences suffered in war."[97]

The U.S. Department of Veterans Affairs (VA) National Center for PTSD "has emerged as the world's leading research and educational center of excellence" on PTSD.[98] The organization describes its mission as:

> To advance the clinical care and social welfare of America's Veterans and others who have experienced trauma, or who suffer from PTSD, through research, education, and training in the science, diagnosis, and treatment of PTSD and stress-related disorders.[99]

The VA has begun the critical work of circulating specific treatments to assist veterans, including group therapy and cognitive behavioral therapy (CBT).[100] Other treatments include the use of service dogs, who offer the handler companionship and friendship.

A.   GROUP THERAPY

One patient can benefit from the therapy session of another patient—a practice traditionally referred to as "vicarious" or "spectator" therapy, and modernly as "group therapy."[101] PTSD patients in a group therapy session discuss their trauma with others in the group who are also experiencing PTSD. Group therapy helps build relationships among patients who can relate to the shared psychological issues. "Patients are enormously helpful to one another in the group therapeutic process. They offer support, reassurance, suggestions, and insight and share similar problems with one another."[102]

In his book, *The Theory and Practice of Group Psychotherapy*, Dr. Irvin D. Yalom explains that patients are often more apt to observe and attentively listen to

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[97] Ibid., 546.

[98] "PTSD: National Center for PTSD," Department of Veteran Affairs.

[99] Ibid.

[100] Ibid.

[101] Irvin D. Yalom, *Theory and practice of group psychotherapy*, 5th edition (New York: Basic Books, 2005), 18.

[102] Ibid., 14.

another patient than they are to a therapist.[103] The other patients are providing voluntary and honest reactions and feedback, while the therapist is a paid professional. Patients looking back over the course of therapy invariably credit other members with their personal improvements—if not for the deliberate support and advice, then at least for having been there, and for permitting them to gain self-knowledge through their relationship. It is not necessarily the sessions with open discussions that are valuable, nor is it listening to others' similar problems; rather, the disclosure of "one's inner world, and *then* the acceptance by others are of paramount importance" in building self-confidence and trust.[104]

The acceptance that patients receive from the group is of significant importance. Self-perceived therapy outcome is undoubtedly associated to attraction to the group; highly cohesive groups generally have a better result and increased levels of self-disclosure.[105] A hallmark manifestation of PTSD is emotional numbing, which has not only negatively affected service members' marriages but also their relationships with friends and family. Many veterans being treated for PTSD do not have friends and often keep "emotional distance from the important people in their lives for fear of losing them."[106] Group therapy provides a safe place for veterans being treated to explain and share the issues they are facing.

According to Yalom, treatment must focus on repairing the relationship to one's self and others. A traumatic incident can "often produce grief, guilt, or shame [resulting] from severed interpersonal connections."[107] The relationships among the group members are the source of group therapy's power. "Group therapy is advantageous with respect to normalizing experiences, receiving social support from peers, and learning from others with comparable experiences."[108]

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[103] Ibid.

[104] Ibid., 56.

[105] Ibid., 61.

[106] Keenan, Lumley, and Schneider, "A group Therapy Approach," 548.

[107] Yalom, *Theory and Practice of Group Psychotherapy*, 61.

[108] Ibid.

B.   COGNITIVE BEHAVIORAL THERAPY

Cognitive behavioral therapy (CBT) is a popular type of psychotherapy wherein patients work with a mental health counselor throughout a number of sessions. Also discussed in his book, Yalom explains that CBT allows the patients to become cognizant of their negative ideas so they can observe the difficult situations without any doubt and can adequately react to them. CBT helps patients comprehend that the atrocities they experienced were not their fault. CBT is an advantageous resource in treating PTSD, though it can be a valuable tool for managing any stressful situation. Group CBT has been effectively used to treat a number of clinical conditions such as depression, eating disorders, insomnia, spousal abuse, panic disorder, obsessive compulsive disorder, generalized anxiety disorder, social phobia, and anger management.[109]

The application of CBT in groups differs depending on the specific needs of the group's patients. For example, CBT for a group of abused women would differ from CBT for a group of veterans. In general, however, group CBT stresses structure, focus, and the acquisition of cognitive and behavioral skills for the patients. It teaches those who practice it to become more rational instead of letting the automatic negative thoughts and/or feelings consume them. As Yalom notes, CBT teaches strategies to help patients control negative unwanted thoughts or behaviors. This allows those who practice CBT to become more confident and in control, which in turn provides the ability to relax.

Group CBT patients attend two- or three-hour sessions for eight to ten meetings, but are also assigned homework tailored to their interests and the methods addressed during the session. During the next session, the patients verbally review their homework in front of the group, allowing members to learn from the other group members' experiences.[110] This open homework review is where group CBT differs from other types of group therapies; it allows the patients to explain how they function when they are

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[109] Ibid., 514.

[110] Ibid.

away from the group and outside of a therapy setting, rather than how they are feeling at that time in the session.[111]

C. SERVICE DOGS

The U.S. military is developing complementary and alternative medicine techniques, which include animal-assisted intervention, to treat soldiers with PTSD.[112] Studies have shown that dogs may provide a boost of "social support and that positive interactions with dogs may offer a safe and effective way to increase levels of oxytocin and other important healthy agents in humans."[113] An essential part of service dog training sessions is exposing the dog to a wide range of situations in society. But this practice has an alternative purpose—it also re-exposes the veteran/trainer to civilian life. The training is twofold; the PTSD-affected veterans are accountable for teaching the dogs that the world is a safe place while learning the same for themselves.[114]

Connie Rendon, an Army reservist serving in a transport unit north of Bagdad, suffered multiple life threatening injuries when her vehicle drove over an improvised explosive device. After multiple surgeries, Connie still suffered from numerous invisible injuries, including sleep disorders, PTSD, nerve damage, and headaches. A married mother of two, Connie soon found herself not being able to do many of the things she could before her injuries, including simple tasks such as opening doors. In 2011, Connie received Blaze, a poodle from Patriot PAWS Service Dogs. Blaze has restored Connie's confidence around other people, provided her with constant companionship, and helped Connie reclaim her life.[115]

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[111] Ibid.

[112] Rick Yount et al.,"The Role of Service Dog Training in the Treatment of Combat-Related PTSD," *Psychiatric Annals* 43, no. 6 (June 2013): 292, doi: 10.3928/00485713-201230605-11.

[113] Ibid.

[114] Ibid., 293.

[115] "Service Dogs and Their Heroes," Patriot Paws Service Dogs, accessed August 21, 2016, http://www.patriotpaws.org/veteran-stories.html.

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V. FINDINGS AND RECOMMENDATION

According to Bourke and Craun, "When considering exposure to disturbing media, preliminary findings show the most salient variables are the amount, duration, and intensity of the exposure. Symptoms of STSD have been associated with exposure to intense, graphic details about the traumatic event."[116] Research has started to concentrate on how law enforcement officers can most effectively cope with STSD: "There is evidence that suggests officers who seek social support and disclose traumatic events to their spouses are less likely to experience psychological distress."[117]

Even though programs such as SHIFT and peer support groups have been in existence for a dozen or so years, helping hundreds of law enforcement officers that suffer from PTSD and STSD, there are still thousands of law enforcement officers around the country undiagnosed with these issues. The law enforcement culture must proactively address STSD and promote successful treatment options before it is too late.

A. RECOMMENDATION: DEVELOP A MODEL FOR LAW ENFORCEMENT THAT COMBINES EXISTING PROGRAMS AND BEST MILITARY PRACTICES

Historically, most law enforcement agencies have followed the paramilitary model of policing because of the need for public safety. Aligned with military practices, this model of command and control, especially during emergencies, was adopted with few minor issues. Now, there is call for a more customer service-oriented policing service, especially during day-to-day activities.[118] STSD within law enforcement seems to be resultantly increasing even though there are several programs that teach coping mechanisms. More consideration should be given to this growing problem within law enforcement. There is no precise way to determine which law enforcement officers will

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[116] Bourke and Craun, "Secondary Traumatic Stress," 588.

[117] Bourke and Craun, "Coping with Secondary Traumatic Stress," 58.

[118] David Cruickshank, "Perspective: Evaluating the Paramilitary Structure and Morale," *FBI Law Enforcement Bulletin*, November 6, 2013, https://leb.fbi.gov/2013/october-november/perspective-evaluating-the-paramilitary-structure-and-morale.

develop STSD, but there are certain units whose officers will be exposed to emotionally disturbing images and videos on a daily basis, making them more susceptible.

According to Brown et al., "Based on the limited literature currently available, elements of cognitive behavioral therapy and prolonged exposure therapy (PE) appear to be the most appropriate tools in the reduction of initial stress symptoms and Acute Stress Disorder (ASD) symptoms and the prevention of chronic PTSD."[119] Accordingly, departments should institute mandatory peer discussion meetings in a private and confidential environment for all law enforcement officers who view disturbing media as a part of their daily work. These meetings should take place quarterly or semiannually, giving the officers the time to articulate their psychological concerns regarding their exposure to disturbing media. The peer discussion groups within the unit should encourage having open and honest discussions with confidentiality, taking routine breaks daily, and partaking in frequent physical fitness and exercise. A wellness program designed by the department should monitor both the law enforcement officer's physical and mental wellness. Additionally, a MHP should provide mental wellness training annually to these officers, though the officers must first take part in one-on-one mental health evaluations to establish a mental health baseline.

Brown et al. believe that trauma prevention can create "the interpretive mechanisms and competencies required to accommodate the psychological implications of working in challenging operational environments."[120] Using this plan of action can help protect officers' mental wellness by supplying them with the ability "to render threatening experiences meaningful. They can also facilitate the effective performance of their response role by providing them with the tools necessary to atypical operating demands."[121] Brown et al. further explain:

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[119] Prolonged exposure therapy is a hybrid of cognitive therapy and behavior therapy designed to treat PTSD by "re-experiencing" traumatic events. The theory is that by remembering and actively dealing with the trauma, triggers will not be as traumatic. By facing your fears, you will be more likely to overcome them. Brown et al., *Psychology of Terrorism*, 51.

[120] Ibid.

[121] Ibid., 226.

Resilience is not simply recovery in shorter time. Resilience is a complex set of interactions that allows people not to avoid discomforts of adversity and challenge but to manage their way through them, often to discover enhanced strengths as a consequence. The efforts to build pathways to resilience, design systems to support them, and provide graded support to promote their operation must complement cautious, evidence based approaches to assessment of perturbation in exposed people and the provision of timely, efficacious intervention when and to whom indicated. The challenge to first responder organizations is to shift from simple ideas and simplistic approaches toward deeper understanding and multilayered approaches that can help these vital organizations and their personnel meet the demands of their increasingly difficult work.[122]

B. IMPLEMENTATION ISSUES WITHIN LAW ENFORCEMENT

The culture of law enforcement often dissuades officers from talking about or seeking help for mental health-related issues. Officers feel their career or character will be called into question if they acknowledge a mental health issue. Instead of asking for assistance, officers often turn to harmful coping mechanisms such as drinking, aggression, overwork, or even extreme exercising.[123] Brown et al. state that "recognition of stress as a significant factor affecting the health and safety of public safety providers no longer meets macho resistance within the industry; no longer do stress management or behavioral wellness programs encounter denial so intense as to demand or justify missionary zeal to secure their endorsement or adoption."[124]

The relationship between exposure and support for law enforcement dealing with disturbing media is uncertain. There have been no quantitative studies of this relationship. Due to the unique stressors that viewing disturbing media may cause, it is possible that support may not be the coping mechanism that officers seek; many in the law enforcement culture have a negative opinion of support. According to *Police Quarterly* authors Lonnie M. Schaible and Victor Gecas, "Once in the profession, new officers are likely to be deeply influenced by the police subculture, which tends to embrace a

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[122] Ibid., 429–430.

[123] Usher et al., *Preparing for the Unimaginable*.

[124] Brown et al., *Psychology of Terrorism*, 420.

traditional 'crime fighter' image of policing."[125] Additionally, no evidence exists that proves supervisors, peers, or those outside the officers' work environment are in a position to provide the support necessary to those doing this type of work. Schaible and Gecas continue:

> By virtue of these cross-pressures and expectations, police officers are likely to experience both emotive and value dissonance. In turn, difficulties in coping with job related pressures and problems with emotive and value dissonance are likely to produce higher levels of burnout, cynicism, alienation, job dissatisfaction, alcoholism, drug abuse, divorce, and suicide than other professions.[126]

The risk management approach, which is built on the premise of predicting positive and negative outcomes, may enable law enforcement officers to make well-informed and proactive choices relating to disturbing material.[127]

Stress management programs have proven their efficacy. Some 70 percent of officers involved in line-of-duty shootings in the 1970s left policing within a five-year period.[128] With the stress management and debriefing programs available to law enforcement officers today, this number has dropped.[129] Though line-of-duty shootings involve primary—rather than secondary—stressors, it is encouraging that interventions have proven successful. Research indicates that similar success could be expected with secondary stress, and with cognitive behavioral therapy. Officers should take advantage of any opportunity for professional help.

Research investigating how secondary traumatic stress impacts those who view disturbing media as part of their work is in its early stages. Bourke and Craun found that efforts to manage STSD were different between law enforcement officers in the United States and the United Kingdom. They found both similarities and differences in

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[125] Schaible and Gecas, "The Impact of Emotional Labor and Value Dissonance," 320.

[126] Ibid.

[127] Brown et al., *Psychology of Terrorism*, 226.

[128] V. J. McNally and R. M. Solomon, The FBI's Critical Incident Stress Management Program," *FBI Law Enforcement Bulletin* 68, no. 2 (1999): 20.

[129] Scott Allen et al., "Keeping Our Heroes Safe: A Comprehensive Approach to Destigmatizing Mental Health Issues in Law Enforcement," *The Police Chief* 81, no. 5 (May 2014): 34.

predictors of secondary traumatic stress. For example, "the level of self-reported difficulty and frequency of interactions with disturbing media were positively related to higher secondary traumatic stress scores in both groups; supervisory support, however, was related to lower secondary traumatic stress scores only in the U.S. sample."[130]

C.   CONCLUSION

Soldiers with PTSD may have issues not only while on active duty, but also as they reenter their civilian lives in the United States. Returning disabled military veterans (including those diagnosed with PTSD) that served active duty in the armed forces are given preference over civilians in the hiring process for law enforcement jobs. Much has been learned recently regarding military service and its trauma on soldiers. Domestic violence and suicide rates are high among veterans of recent wars.[131] With the United States in the longest war in its history, there have been many veterans hired into law enforcement in the last decade, which may be cause for concern if the link to PTSD is untreated.

Further research should be conducted to discover law enforcement programs that proactively treat the mental health and wellness of *all* of their officers, not only those exposed to disturbing media. But first the police culture needs to acknowledge that asking for help is not a sign of weakness, as it has been historically viewed. Administrators must realize that this police culture has to change, the magnitude of this problem should be discussed and addressed, and mental health and wellness must be a consistent part of the law enforcement training program. There have been several recent studies on officers who view child pornography as a part of their daily duties, but there has been little research on officers and analysts who view torture. This research can help determine which treatments are most effective for the law enforcement officer.

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[130] Bourke and Craun, "Coping with Secondary Traumatic Stress," 57.

[131] Usher et al., *Preparing for the Unimaginable*.

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